Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: 01		COMPLETED						
			, 56.25	•	_	,					
		HAL045008	B. WING		01/2	2/2015					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE								
BLUE BIDGE BETIDEMENT 1009 NINTH AVENUE WEST											
BLUE RIDGE RETIREMENT HENDERSONVILLE, NC 28739											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	LD BE COMPLETE						
{C 000}	Initial Comments		{C 000}								
	This report is of a Followup Survey done by Bob Getchell on January 22, 2015.										
		y revealed that all deficiencies nerefore a new plan of ed.									
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.		{C 166}								
	equipment was not by not having all red would affect all staff	et as evidenced by: rvation, the Building plumbing maintained in a safe manner quired safety devices. This f and some visitors by not are and pressure relief valves									
	Findings on Januar a. In Bedroom105 valve is missing the	's closet the pressure relief									
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}								

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED			
			7t. BOILDING.	••	F	2		
		HAL045008	B. WING			2/2015		
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE				
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	operating condition (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1. Based on obse maintained in accor Code because of in would affect all resi exposing them to p electrical shock. Findings on Januar c. A television was wire extension cord	apply to new and existing ception of Paragraph (e) ly to existing facilities. et as evidenced by: rvation, the building was not rdance with NC Electrical approper wiring method. This dents, staff and visitors by otential fire hazard and						
	maintain in a safe of fire-resistance-rated breaches through the locations. This could visitors if smoke/fire fire compartment of the compartment	_						

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